

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES
FOR CHILDREN AND THEIR FAMILIES PROGRAM**

Child, Adolescent and Family Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services

QUARTERLY REPORT

Project Name: Children's Mental Health Initiative
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Date: June 28, 2002
Quarterly Report Period: March 2002 through May 2002

I. Goals of the Project:

- *Have there been any changes in the goals of the project this quarter and for what reasons?*

No changes have been made in the goals of the project this quarter, but conversations regarding the clarification of the goals and reporting issues around the target population have taken place.

The federal site visit report has been received (March 17th) and the newly elected Advisory Council will be reviewing and recommending steps that need to be taken to address the concerns and challenges that were identified.

The report from COSMOS was received this quarter (May 23rd). This report includes the logic model for a social marketing strategy that will be assigned to an Ad Hoc committee to move forward with a coordinated marketing strategies and outcomes.

A preliminary report from Orc MACRO has also been received that indicates that there are positive indicators of the implementation of the SOC in Clark County.

If there are no changes, describe progress toward achievement of the goals as described in your application.

1.) Outcome-driven service delivery, supported by rigorous evaluation.

Outcome-driven service delivery continues in the Title IVE, Connections, and the four School Proviso Projects, as well as the contractual services for Universal, Targeted, Intensive, and Crisis Stabilization. PSU continues to provide the evaluation of these projects and programs.

2.) System Wide Management Information System

Data sharing continues across systems.

3.) Enhanced involvement of consumers at all levels of the system of care

Integration of efforts on behalf of children and families includes outreach to Family Resource Centers, the HopeWorks Developmental Assets Initiative, Youth Voice through the Youth Commission and other youth trained as leaders. Eleven Parent Partners have been hired and have connected with 48 families. Parent Partners meet twice a month for two hours to address specific training issues, miscellaneous business and supervision. Strategy Teams have been formed to implement the Suicide Prevention Task Force Recommendations. Teams include youth, community members and service providers.

4.) Development of a Children's Trust Fund

Funds continue to be distributed to families of children with diagnosed mental health issues. Funds are still being distributed through the county. Planning for leveraging the funds and establishing a 501c3 will be undertaken by the newly formed Community of Care Advisory Committee.

5.) Expanded system of case finding, screening and assessment

Connections, Title IVE, and School Proviso Projects continue with assessment of projects ongoing.

6.) Cross system program for increased cultural competence

Cultural Competence committee continues to work at the county level to assure all systems are aware of cultural competency issues and training.

7.) Enhanced capacity for resource mapping and asset identification

Links with Family Resource Centers and Youth House continue to strengthen.

II. Target Population of Children who have Serious Emotional Disturbances:

- *Number of children newly enrolled in services this quarter only:*
23 new intakes

10 males
13 females
- *Number of children served to date:*
190 Cumulative Total (September 2001 – May 2002)
- *How does your enrollment effort reflect the ethnic/racial diversity of the entire geographic area defined in your application?*

20 new enrollees are white
2 are Native American
1 Other
- *Across all systems partners; how many children, as of this reporting period, are currently being served:*

Out of State: 07

Out of Community: 19

III. Child and Family Services/Supports:

- *Which of the mandated services (as identified in the Guidance for Applicants) has been implemented?*

All mandated services are currently being provided. Six licensed mental health agencies provide universal, targeted, intensive, and crisis stabilization services. A mobile crisis assignment team also provides crisis services. All crisis calls are triaged through the Clark County Crisis Line.

Contracts require that service providers provide strength-based, family driven mental health services and that services between mental health systems connect with the county's other service systems.

Providers have been meeting monthly with Behavioral Health Services case managers to assess the services and refine the processes to meet the needs of the clients.

Parent partners hired through the grant are available to meet with parents who are experiencing crisis situations and need help and support in navigating the system.

As a result of the new bylaws passed by the Children's System of Care Policy Council (March 2002), the Family Action Committee was formed to replace the Family Services Committee. The Family Action Committee will be responsible for encouraging community participation and soliciting input that will strengthen the Community of Care for children and families in Clark County. This committee will continue to provide oversight for the Community Partners Committee, which is committed to providing information regarding services available to families who need assistance in problem solving through strengths-based planning. The Family Action Committee is planning on connecting with the Family Resource Center Network to engage families in their communities.

Family Forum's will be explored as a means to determine the needs of clients and improvements for access to services.

- Have barriers to development and implementation of the mandated services been identified and how are they being addressed?

The school system and mental health system continue to struggle with access and collaboration issues. Talks are continuing between the systems with the help of outside consultants.

Appendices 1 Community Partners Process and Forms

- ***Meeting Process***
- ***Referral Process***
- ***Basic Information Form***
- ***Team Action Form***
- ***Satisfaction Survey***

IV. System Level Coordination/Infrastructure and Management Structure:

- *Identify management team members, listing participants by name, agency or constituency being represented, and their role on the team. Identify any changes in the make-up of the team since the previous quarterly report.*

The Children's System of Care Policy Council has been renamed and restructured. The new organization is called the Community of Care Policy Council. In place of two boards (trustees and directors) with a total of 25 members, there is a board with 17 members. The new board includes 5 appointed representatives of the government agencies as before. In addition, there are 5 positions elected to represent community organizations and 7 positions to represent families and citizens.

The board will have an executive committee as before, but it will now be elected by the Board members from within the Board membership. The executive committee will consist of three officers of the Board and the chairs of the two standing committees. Elections for the executive board will take place in June.

The structure of three standing committees has been replaced by two standing committees. These will be similar to the Finance Committee and the Family Services Committee. Because of their modified charges enacted by the passage of the new bylaws, they will be renamed the Resource Management Committee and the Family Action Committee.

The general membership meetings will be held at least three times per year, with the option of more special meetings. These will be designed to improve public input. The Board will meet at least every other month, and the Executive Committee will meet at least monthly. Committees will also meet at least monthly.

- *Include any new or additional public policy, including memoranda of understanding and or legislation, developed since the last report.*

Resolution #02-01 was signed by the Board of Trustees on April 11th, approving the changes to the Bylaws.

Engrossed Substitute House Bill 2574 was passed in March by the State Legislature. This bill establishes demonstration sites for statewide implementation of systems of care for children and their families.

- *List optional services (as suggested but not mandated, in the Guidance For Applicants) being provided and identify how these services are being funded, managed, and supervised?*

No new optional services at this time.

- *Describe linkages with universities, research projects, media, or other entities not directly involved in providing services to the target population.*

PSU continues to carry out the research for the Clark County projects. Linkages with Family Resource Centers and the Youth House continue with the integration of youth and family programs with the Community of Care Advisory Council a high priority.

- *Have barriers to any of the above listed activities been identified and if so, how are they being addressed?*

Major barriers involving communications have been addressed through the new structure set in place by the bylaws. Connecting with families continues to be a challenge with renewed efforts a focus of the restructuring.

Appendices II; Resolution 0201, Community of Care Council Members and Biographies

V. Cultural Competence:

- *Describe efforts being made for staff of the site to reflect the diversity of the site community and any staff changes since the last quarterly report due to these efforts.*

Clark County Behavioral Health Services have been using a standardized tool to evaluate the outcomes of the Cultural Competency Standards. The first set of audits has recently been completed and the tool has proven to be a useful document. Committee members are working closely with Clark County to ensure that outreach to all service providers, including providers who serve CMHI participants, takes place.

The committee is currently reviewing several self-assessment tools and will be compiling them into one, which will be targeted specifically toward Clark County. The committee created a workgroup to undertake the assignment. We are expecting this assignment to take a couple of months and hope to have a document for a review by September's meeting. This tool will help evaluate our Technical Assistance and Training needs on an individual level.

The committee is in the process of planning the next community training. So far, the main theme for the topic has been, Culture 101, i.e., what does culture mean in Clark County and specifically what it means in social services.

VI. Family Involvement:

- *Describe how family members are involved in the implementation of the grant activities: i.e., service planning, data collection and dissemination, systems planning, budget development, informing policy makers about the services needed, and in policy development.*

Five parents were elected to the newly formed Community of Care Advisory Council of seventeen members. Service Providers have hired parents as partners to assist families, and parents are involved in interviews for the evaluation process. Family members sit on each of the committees, finance, family, and community partners. Family representatives attend meetings with providers and network and receive training through the Community Empowerment Project.

- *Have barriers been identified in family involvement and how are they being addressed?*

The restructuring of the CSOC Policy Council into the Community of Care Advisory Council was designed through the new bylaws to better address the issues around family involvement. A new partnership with the Family Resource Center Network will be critical to the success of involving parents in meaningful activities. The continued education of family members through the Community Empowerment project also holds promise in these efforts.

VII. Social Marketing/Public Education Campaign:

- *Describe any changes to your social marketing/public education plan this quarter?*

No significant progress has been made in this area. Social Marketing has been identified as a challenge for the Advisory Board and will become part of the discussions at the retreat to be held in June. A result of these discussions should be a social marketing plan that will be implemented immediately.

- *How has the national campaign team helped you this quarter.*

We received the COSMOS report on May 28, 2002 from their visit to our site in November 2001. This report includes the Logic Model for the CSOC, which will be used as a model for the development of the Social Marketing Committee that will be formed as part of the new Policy Council structure. This report also points out the need to unify the many efforts that appear in print by establishing a common look and logo that will contribute to the community understanding of the "systemness" of all of the efforts.

- *Who were your targeted key audiences and stakeholders this quarter? What were your key messages and how were they disseminated?*

Continued distribution of the CSOC brochure and video has taken place. Key audiences will be identified as part of the Social Marketing plan.

- *Have barriers to the implementation of the public social marketing/public education efforts been identified, and if so, how are they being addressed.*

The lack of a Social Marketing plan has hindered the progress of marketing efforts. A plan will be in place during the next quarter.

VIII. Evaluation:

Clark County System of Care Evaluation Quarterly Report March 1, 2001 to May 31, 2001

The table below depicts the interviews completed during this three-month period, and the total interviews completed. Interviewing began in December 1999.

	March through May, 2002	Cumulative total
Intake Descriptive Information Questionnaires	79	488
Number of children for whom baseline data collection is complete (youth and caregiver)	51	246
Number of children for whom 6-month follow-up data collection is complete	18	133
Number of children for whom 12-month follow-up data collection is complete	13	81
Number of children for whom 18-month follow-up data collection is complete	41	53
Number of children for whom 24-month follow-up data collection is complete	17	26

1. How are the positions for the national evaluation and any specific local evaluation being used to implement, interpret, and disseminate the evaluation data?

There is one full-time Family Information Specialist (interviewer) located at Columbia River Mental Health, one full-time FIS at the Department of Corrections—Juvenile Justice, one half-time Family Evaluator working with the evaluation team at PSU, and one full-time FIS with the Department of Community Services—Behavioral Health Services.

The FIS's continue to interview families throughout Clark County that have received mental health services through mental health providers, crisis intervention programs, or juvenile justice. The numbers of completed interviews are shown in the table above.

2. How are the results and data being disseminated, with whom, and how is it being used for policy development?

Dissemination continued this quarter with several presentations and reports and the development of an evaluation listserv for monthly dissemination of our findings. In March, we presented at the conference "A System of Care for Children's Mental Health: Expanding the Research Base," held in Tampa, Florida. Our presentation reported on the relationships between caregiver strain, family resources, and child functioning. We presented evidence that resources such as time, social support, and property are important in decreasing caregiver strain, even after statistically controlling for the child's level of functioning.

The evaluation team presented to the staff involved in Connections at Juvenile Justice. We presented descriptive and functioning information about the youth involved in Connections, comparing these families to the rest of the families being served by the System of Care.

In late May, during the Research and Training Center's conference in Portland, Oregon, we held three presentations about data from the Clark County System of Care. First, we presented with staff of and families served by Connections, describing the project and families served. Secondly, we presented information about caregiver and youth participation in treatment and service planning which shows that caregivers that have high levels of participation in planning (they feel involved, valued, and listened to) have higher levels of satisfaction with services and have children that have higher rates of improvement in functioning than caregivers that feel excluded from planning services. Third, we repeated the presentation from Florida about caregiver strain.

All five of the presentations above are attached, and can also be downloaded from our website, www.rri.pdx.edu/ClarkCo.

During this quarter, we developed a listserv for the monthly release of one-page data reports that summarize some aspect of the study. We've signed up most stakeholders in the study, as well as all of the families involved in the study that provide us with their email address. Anyone can sign up for the listserv or download these presentations from our website. Our first report during this quarter examined the shift in services that families have reported receiving since the beginning of the grant. Families that entered services more recently have reported receiving a wider variety of services and more of some types of innovative services such as respite care, family preservation, and Individualized and Tailored Care. Our second report examined the differences in psychiatric diagnosis between boys and girls.

Lisa Sessions, the Family Information Specialist that works out of Columbia River Mental Health, presented to CRMH about some of the descriptive, demographic, and functioning information from the youth that have been served by CRMH.

We also participated in the site visit from ORC-MACRO and presented to the site visitors about our analysis and dissemination activities.

In March, we had a booth at the resource fair during the Community of Care Advisory Board meeting and disseminated information about the evaluation.

3. Have barriers to the implementation of the evaluation effort been identified and how are they being addressed?

There are no major barriers to the evaluation effort. As with any longitudinal study, maintaining follow-up interviews is difficult. We have continued to develop procedures for ensuring a high retention rate.

IX. Technical Assistance and Trainings:

- *Describe training activities that have occurred for your community this quarter.*

The Community Empowerment Project continues to train parent and community partners. Monthly trainings have occurred for Parent Partners with 4 parents attending in March, 7 in April, and 11 in May. Cross-agency training was carried out for 23 attendees. Nine parents attended “Engaging Families – A Provider Training” and 11 parents attended IEP training in May.

Evaluations turned in by participants indicate that the satisfaction level of participants is high.

- *Future plans for training.*

Training through the Community Empowerment Project will be ongoing, with classes being determined by the consumers. A one year celebration was held this quarter with over 60 parents participating and making suggestions for areas of interest for trainings in the upcoming year.

X. Sustainability

- *List percentages of your match funds which comes from public or private sources*

Match

Juvenile Justice Connections	42,716.20
Family & Youth Programs	61,176.21
CSOC Trustee Committee	1,689.90
Children's Home Society	53,343.00
DASA VRDE	136,094.04
Developmental Disabilities	1,167.17
Oestreich Assoc	2,651.19
Leslie Smith- WISE	5,292.11
David Simonson	14,087.10
Chris Dulis, MA	12,532.00
Portland State University	37,167.00
Local Property Tax	206,675.36
Total Match Received	574,591.28
Less: Total Required Match	574,591.28
Collected %	100.00%

XI. Lessons Learned

- *Please list lessons learned or accomplishments your community has experienced this quarter that you would like to share with others.*

While families are involved at every level of the system, it is clear that there are families who still have questions about the System of Care and access to services. The newly formed and newly named Family Action Committee is planning family nights and the link to Family Resource Centers is being formalized in an effort to link mental health services in a more family friendly setting.

Communications are a vital link to our community that has not been as successful because of the lack of a formalized plan. This is an area that will be addressed in the next quarter. Preliminary planning is underway.